

*WAF*

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> <b>OFFICE OF PATENT FEE COLLECTION</b> MAR 16 2005         </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2> </div> </div>		Complete If Known	
		Application Number	10/632,063
		Filing Date	July 31, 2003
		First Named Inventor	Ella S. Field
		Examiner Name	3744
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Chen Wen Jiang
TOTAL AMOUNT OF PAYMENT	(\$ ) 100	Attorney Docket Number	F42.12-0002

**METHOD OF PAYMENT** (Check all that apply)

- ☒ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (Please Identify): \_\_\_\_\_
- ☒ Deposit Account - Deposit Account Number: 23-1123   
 Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s)   
☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
36 - 20 or HP = 0 x 25 = 0		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>		
4 - 3 or HP = 1 x 100 = 100		
HP = highest number of independent claims paid for, if greater than 3		
<b>Multiple Dependent Claims</b>		
Fee (\$)	180	Fee Paid (\$)
		0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	125	= 0

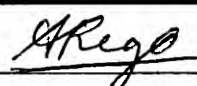
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**Fee(s) Paid (\$)**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	45,956	Telephone: 612-334-3222
Name (Print/Type)	Alan G. Rego			Date: <u>3/14/05</u>



Corres. and Mail  
**BOX AF**

RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named  
Inventor : Ella S. Field

Appln. No.: 10/632,063

Filed : July 31, 2003

For : PORTABLE AIR COOLING SYSTEM

Docket No.: F42.12-0002

Group Art Unit: 3744

Examiner: Chen Wen  
Jiang

**AMENDMENT AFTER FINAL**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING  
SENT BY U.S. MAIL, FIRST CLASS, TO THE  
COMMISSIONER FOR PATENTS, P.O. BOX 1450,  
ALEXANDRIA, VA 22313-1450, THIS

14<sup>th</sup> DAY OF MARCH, 2005

*A. Rego*  
PATENT ATTORNEY

This is in response to the Office Action mailed on January  
14, 2005. Please amend the above-identified application as  
follows.

03/17/2005 MAHMED1 00000012 10632063

01 FC:2201

100.00 DP